South Carolina Department of Disabilities and Special Needs

DEV TRAVEL SUPPORT DOCUMENT

SOCIAL SECURITY NUMBER

NAME

AGENCY NUMBER

DATE

J16

RESIDEN	Œ						_	OFFICIAL HEADQUARTERS												
**MEALS & SUBSISTENCE ARE REPORTABLE AS								- : - :	-:-:-:-	:-:-:-:-	0520	-:-:-:	.:-:-:-:-	1 - 1 - 1 - 1	-:-:-:	0509	1:1:1:1:1:	*0237	*Use T/C	
INCOME IF THERE WAS NO OVERNIGHT STAY NON-REPORTABLEIN STATE								1	0504	0172	0501	0502	0503	0505	0506	0508	0507	*0232	640	
INVOLVED. NONREPORTABLEOUT OF STATE								2	0514	0172	0511	0512	0513	0515	0516	0518	0517	*0232		
DATE						DESTINAT	ON OF TRAVEL	1 OR	AUTO	PER			AIR	OTHER	MISC TRAVEL	SUBSIST	REGIST	NONSTATE EMPLOYEE		
MM/DD/YY	DEP	ARR	TIME	AM	PΝ	// DEPARTURE DE	STINATION RETURN	2	MILES	DIEM	MEALS	LODGING	TRANS	TRANS	EXPENSE	ALLOW	FEES	TRAVEL	TOTAL	
For Business Office use:	Fund	Т	Source	Reg		Prog/Service	Cost Center				0520					0509		*0237	TOTAL	
Vendor No.																				
	ı		1 1 1			1 1 1														
I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim, and that this claim is true and correct in every material matter and conforms with the requirements of State laws, rules and regulations.									0504 x	0172	0501	0502	0503	0505	0506	0508	0507	*0232	TOTAL 1	
correct in ever	ial mat	ter and conforms with	n the re	equir	rements of State laws, ru	iles and regulations.		0514	0172	0511	0512	0513	0515	0516	0518	0517	*0232	TOTAL 2		
							2													
									Х											
Date	Signa	ature (Employee)					GRAND TOTAL													
APPROVED FOR PAYMENT								FOR OUT-OF-STATE TRAVEL - ATTACH COPY OF APPROVED TRAVEL REQUEST. THE ABOVE INFORMATION AND AMOUNTS HAVE BEEN VERIFIED FOR ACCURACY:												
APPROVED	FURF	ATIVII	EN I					INE	ABOVE IN	IFORWIATI	ON AND A	AIVIOUNTS	HAVE BEEN	VERIFI	ED FOR A	CCURACT	•			
Date		Signa	ature (Program Adr	ninist	rato	r)		Date			Signature (Regional Finance)									
FORM 62 3-96									Copies 1,2,3 - Business Office			Copy 4 - Program Administrator Copy 5 - Employee						Travel Advance (0599) \$		